

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 21 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA15000075290**

1. Corporation Name

ISLAND MARINA OF MARATHON, INC.

Principal Place of Business

Mailing Address

**5190 OVERSEAS HWY
MARATHON FLA. 33050**

SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

9/26/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0616369

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	CHAPLIN, F. JAMES	5190 OVERSEAS HWY MARATHON	MARATHON FL 33050
D.	CHAPLIN, BETTE B.	5190 OVERSEAS HWY	MARATHON FL 33050

700002724067-3
-12/28/98-011427004
******150.00 ****150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

F. JAMES CHAPLIN
5190 OVERSEAS HWY
MARATHON FLA 33050

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

F. James Chaplin

REGISTERED AGENT MUST SIGN

Date **12-18-98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **F. James Chaplin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/18/98

Daytime Phone #

2

December 17, 1998

Florida Dept. of State
Tallahassee, Florida


Dear Sirs:

I previously filed my Corporation Annual Report for 1998 on June 30, 1998 (copy attached). However, it was never received by the State of Florida. Since Hurricane Georges hit our area in September, 1998, it was not known until recently that the Corporation had been dissolved. Attached is an application for reinstatement.

I am attaching another check for \$150.00 and respectfully request that the normal reinstatement fee be reduced due to the above mentioned extraordinary circumstances.

Thank you for your cooperation in this matter.

Sincerely,



F. James Chaplin, Pres.
Island Marina, Inc.